

QAPI/PGB REPORT APRIL 2020 (March 2020 Data)

Indicator	Measures	Description	Target	March			Previous Quarter
				On Target	Off Target	Data	January-March
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		3/463 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/3 0%	On Target
Infection Prevention and Control	Hand hygiene according to guidelines (quarterly)	# of observations when the care giver performed hand hygiene per CDC guidelines / # of observations	80%	X		18/20 90%	On Target
Patient Services, Care and Safety	Patient injuries (monthly)	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		0/463 0%	On Target
	Medical emergency transfers	# of patients transferred emergently to an acute hospital /	2%				On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of	10%				On Target
	Mortality	# of inpatient deaths / Total Bed days per month	0%				On Target
	Elopement	# of elopements / Total Bed days per month	0%				On Target
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%				On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On Target
	Incident Reporting (monthly)	Number and type of incidents reported	volume	N/A		7	N/A volume
Indicator	Measures	Description	Target	March			Previous Quarter
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Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%	n/a			On Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # of charts audited	100%				On Target
	Recreation Therapy Assessments (quarterly)	# of Recreation Therapy Assessments with all required elements/ # of charts audited	100%	n/a			On Target
	Social Services Documentation Monitoring (quarterly)	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%				On Target

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Restraint/Seclusion (Violent/Self Destructive Behavior)	Restraint usage (quarterly)	Hours of restraint use / 720 patient hours	N/A				On Target
	Seclusion usage (quarterly)	# of "seclusion episodes" / Total Bed days per month	N/A				On Target
	Evidence of less restrictive options (quarterly)	# of restraint/seclusion episodes reviewed with evidence of alternative & less restrictive measures attempted or considered and rejected prior to restraint use / Total # of restraint/seclusion	100%				On Target
	Face-to-face evaluation w/in 1hr (quarterly)	# of new restraint / seclusion episodes with face-to face evaluation within 1 hour of restraint / seclusion application	100%				On Target
	Patient injuries during restraint (quarterly)	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%				On Target
	Inclusion in Treatment Plan (quarterly)	# of repisode of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # of episodes with restraint/seclusion	100%				On Target
Indicator	Measures	Description	Target	March			Previous Quarter
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Medication Use/Pharmacy Services	Medication error rates (monthly)	# of medication errors	volume	N/A		6	N/A volume
	Medication & controlled substance labeling (quarterly)	# of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient	100%				On Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%				On Target
	Controlled substance destruction (quarterly)	# of controlled substances properly destroyed including all documentation requirements and destruction time frames (for	100%				On Target

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Significant Adverse Outcomes	Sentinel events (monthly)	Number of state reportable events (Unusual Occurrence 24 Hour	volume	n/a		0	On Target
	Adverse Events (monthly)	Event leading to harm to patient regardless of cause	volume	n/a		0	On Target
Food and Nutritional Services	Ice Policy (quarterly)	Numerator: # of correct responses to Ice Policy query Denominator: Number of staff interviewed	100%	n/a			On Target
	Nutritional assessments (quarterly)	# of RD assessments performed within 72 hours for patients at	100%				On Target
	Handwashing (quarterly)	Numerator: # of staff observed washing hands per policy	0%	n/a			On Target
	Rate of correct meal preparations (quarterly)	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of	100%				On Target
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%	n/a			On Target
Physician and AHP Related Issues	Cranial Nerve Exams (quarterly)	# of Medical Records with Cranial Nerve Exam completed / # of Medical Records reviewed	100%	n/a			On Target
	Informed Consent (quarterly)	Numerator: # of Medical Records reviewed with Presence of Psychotropic Medication	100%	n/a			Off Target 93%
	Telephone medication orders	Number of telephone orders signed and dated within 24 hours					Off Target
	MD-related incidents	Number of incidents regarding MDs	0				On Target
	Change of clinician request	Number of change of clinician requests	0				On Target

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Environmental Services	Correct staff reply when queried on disinfectant dwell times (quarterly)	# of correct responses from staff when queried on disinfectant dwell (wet/kill) times / # of queries (2 queries per week)	>95%	n/a			On Target
Environment of Care	Staff knowledge: Unsafe environment or hazard reporting (quarterly)	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%				On Target
	Role in internal/external disaster (quarterly)	# of employees correctly describing their role in the event	>90%				On Target
	Articulation of fire plan components (quarterly)	# of staff articulating fire plan components correctly / # of staff queried	>90%				On Target
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of	95%				On Target
Indicator	Measures	Description	Target	March			Previous Quarter
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Nursing Services	*Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%	n/a			Off Target 96%
	*Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%	n/a			Off Target 93%
	*Physician Notification of meds not given (quarterly)	# of charts with documentation of physician notification of meds not given per MD-ordered parameters / # of charts with meds not given per MD-ordered parameters	100%	n/a			N/A none
	*Physician Notification of meds refused (quarterly)	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%	n/a			Off Target 36%

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Indicator	Measures	Description	Target	March			Previous Quarter
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Treatment Plans	Short Term Goals (quarterly)	# of treatment plans w/ short term goals with all required elements complete / # of short term goals	100%	n/a			Off Target 97%
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%	n/a			On Target
	MD Interventions(quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%	n/a			Off Target 87%
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%	n/a			Off Target 90%
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%	n/a			Off Target 80%
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%	n/a			Off Target 93%

DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES

Indicator Category	Indicator	Description of issue(s)	Staff/Corrective Action Summary
Medication Use and Pharmacy Services	Medication Errors	There were 6 medication errors reported in March. One missing tablet of a medication when refilling the Pyxis. One extra tablet of a medication when refilling the Pyxis. 4 Patients received the incorrect dosage of their prescribed medication. No noted adverse or harm events to patients involved in these medication errors.	Pharmacist reviewed all medication errors with involved staff, and sent all nursing staff new instructions and reminders detailing the use of the activity report in Pyxis machine to cross check their work for accuracy. Nursing Supervisor reviewed medication errors with licensed nursing staff and counseled on how to prevent in the future. All incident reports were reviewed with staff in quarterly pharmacy training held by Dr. Gatzlaff on 3/16 and 3/23/2020. RFP for an improved electronic health record is in development and would mitigate several recurring medication errors. No staff or other trend has been identified during Pharmacist review of medication errors.
Significant Adverse Outcomes	Incident Reporting	Note the above medication error incident reports reviewed above. Other incident Reports: One patient had two separate falls in March without injury. One incident of missing ceiling tiles found by staff. One incident involved janitorial staff notifying PHF staff that a patient had taken her keys.	Note above medication error staff/corrective action summary. The patient who fell twice in March was immediately assessed by nursing staff and PHF Medical Doctor (MD) ordered for her to go to the ER for further evaluation both times. The first time patient received 1 liter of fluids for dehydration, and the second time patient received a diagnosis of pneumonia of the right middle lobe due to infectious organism, and was prescribed antibiotics continued upon return to PHF. Patient continued to be closely monitored by staff with vitals taken regularly for orthostatis and fall risk. The missing ceiling tiles have been replaced by General Services. The patient with the keys was approached by staff who confiscated the keys and completed body check and searched room. Patient complied with body/room search. Clinical Director met with BeWell Facilities staff and Supervisor of South Coast Janitorial who counseled janitorial staff to double check all door closures and not to prop open any room door with their cart. Facilities staff further removed magnet inside of door which allowed the door to be propped open.

CORRECTIVE ACTION SUMMARY

Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Nursing Services	Telephone Order Read Back	Documentation of Telephone Order Read Back was off target at 96% for the quarter.	The Nursing Supervisor will continue communicating with nursing staff on the required elements for Telephone Order read back documentation. Feedback from the QCM chart audits were shared with staff during staff meetings regarding rate of compliance with telephone order read back documentation.	Nursing Supervisor reviewed with nursing staff the required documentation for telephone order read back.
Nursing Services	Pain Assessment	Documentation of Pain Assessment was off target at 93% for the quarter.	The Nursing Supervisor will continue communicating with nursing staff on the required elements for Pain Assessment documentation. Feedback from the QCM chart audits were shared with staff during staff meetings regarding rate of compliance with pain assessment documentation..	Nursing Supervisor reviewed with nursing staff the required documentation for pain assessments.
Nursing Services	Physician Notification of Meds Refused	Documentation of Physician Notification of Meds Refused was off target at 36% for the quarter.	The Pharmacist and Nursing Supervisor review the requirement to document physician notification of medication refused on the MAR and the flow sheet on a regular basis. PHF Leadership staff are currently reviewing and revising the Medication Administration Policy and Procedure to improve and streamline the documentation of physician notification by nursing staff.	The Pharmacist and nursing Supervisor provide on going communication to nursing staff regarding the requirement to document physician notification of meds refused on the MAR and in the flow sheet.

Corrective Action Summary				
Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Treatment Plans	Short Term Goals	Short Term Goals were off target at 97% for the quarter.	Feedback from the QCM chart audits were shared with staff during staff meetings detailing the required elements of goal development and the missing elements of the off target short term goals.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. There have been no identified trends or patterns with any specific staff or discipline. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.
Treatment Plans	MD Interventions	MD Interventions were off target at 87% for the quarter.	In January, one MD had 2 treatment plan interventions that were not individualized to the specific patient. In March, a newly privileged MD had 2 treatment plan interventions that were not individualized to the specific patient. Quality Care Management (QCM) Staff along with the Clinical Director, Medical Director and QCM Psychiatrist are holding documentation training for all PHF MDs including onboarding MDs. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. There have been no identified trends or patterns with any specific staff or discipline. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.
Treatment Plans	Nursing Interventions	Nursing Interventions were off target at 90% for the quarter.	The out of compliance interventions were missing frequency and/or specific modality. QCM has communicated the quarters chart review finding to the Social services staff reviewing the required elements for treatment plan interventions. The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. There have been no identified trends or patterns with any specific staff or discipline. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Treatment Plans	SS Interventions	Social Services Interventions were off target at 80% for the quarter.	The out of compliance interventions were missing frequency and/or specific modality. QCM has communicated the quarters chart review finding to the Social services staff reviewing the required elements for treatment plan interventions. The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. There have been no identified trends or patterns with any specific staff or discipline. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.
Treatment Plans	RT Interventions	Recreation Therapist Interventions were off target at 93% for the quarter.	The out of compliance interventions were missing frequency and/or specific modality. QCM has communicated the quarters chart review finding to the Social services staff reviewing the required elements for treatment plan interventions. The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. There have been no identified trends or patterns with any specific staff or discipline. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.
Physician and AHP Related Issues	Informed Consents	Informed consents completed with all required elements was at 93% for the quarter.	The Medical Director has counseled prescribing staff on the elements required in the updated form, and the required elements for informed consent completion. The Pharmacist also reviews informed consents during treatment team meetings to further ensure forms are in compliance, and any changes or updates are reflected as required. Nursing Staff are also reviewing informed consents to ensure completion prior to administering medication. This quarter it was found that weekend covering MDs had missing elements on their informed consent, and the Medical Director provided communication to them reminding of the required elements and necessity to complete accurately.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. There have been no identified trends or patterns with any specific staff or discipline. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance on required elements for long term, short term goals and treatment plan interventions across disciplines.